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TEACHERS' PROBLEMS WITH EXCEPTIONAL CHILDREN

IV

Deaf and Hard-of-Hearing Children

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THEOLOGICAL SEMINARY

By

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Pamphlet No. 54

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EDUCATION OF EXCEPTIONAL CHILDREN

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TEACHERS' PROBLEMS WITH EXCEPTIONAL CHILDREN

IV: Deaf and Hard-of-Hearing Children[1]

INTRODUCTION

"Education of all the children of all the people." The principle expressed in these words is so familiar to every teacher of the modern school that the phrase has become proverbial. In teachers' preparatory courses, in conferences of State teachers associations, in educational publications, on every educational platform one hears and reads repeatedly of the educational birthright of every child, of the responsibility of the school to make of pupil activities an experience in living which is within the child's power of realization and appreciation and which will at the same time help to prepare him for a contributing adult citizenship.

If this is the task of education, then the teacher comes face to face with the problem of adjustment. He must meet the challenge of the unending array of individual differences and individual needs which the pupils in his class present. His is the responsibility of adjusting his attitude and his methods, of adjusting the curriculum and materials to the capacities and the interests of the boys and girls who come daily under his instruction. We have attempted in our general educational scheme to group into one classroom or grade some 30 or 40 or more children who have reached approximately the same degree of academic achievement. Yet every teacher knows that among those 30 or 40 children there are some who would forge far ahead of accepted standards if given the opportunity to do so, and that there

[1] This is the fourth of a series of pamphlets dealing with teachers' problems with exceptional children. See back of title page for others in the series, as well as for a complete list of publications of the Office of Education on the education of exceptional children.

are others who lag far behind even in spite of every opportunity to work along with their fellows. There are some who are suffering from physical handicaps and others who show signs of serious emotional difficulty. To each of these the school owes an equal responsibility for that training which will serve best the individual's own needs and which will make of him a citizen who will be able and willing to serve his community according to his talents.

In many city school systems attempts have been made to provide for these individual needs of our boys and girls through various systems of classification, of special schools and classes, and of clinical service. In some there are well-organized departments of special education with excellent supervisory facilities and trained teachers. These are pointing the way toward the means of giving adequate attention to those pupils who deviate seriously from normal in physical, mental, or social equipment. To many who are teaching in such cities this series of pamphlets will not offer much that is new. It is more specifically designed, first, for those teachers who are working in rural or small urban districts where no special classes exist and who must provide for exceptional children as members of their own groups of supposedly normal pupils; and, second, for teachers of special classes who are handicapped by the absence of constructive supervision and perhaps even by their own lack of adequate preparation for this specialized type of education.

What, then, is the teacher's responsibility, if he belongs to either of these two groups? He cannot avoid the issue or run away from his problem, for there it is facing him day after day as he enters the classroom. If he is to meet it with any measure of success, then he has a fivefold program ahead of him.

First, he must know what the problem is.—Who are "exceptional" children? What types of deviations from normal demand special consideration? What constitutes a *serious* deviation? In answering these questions it is well to point to the classification which has been adopted by committees of the White House Conference. Eight major groups of "exceptional" children are recognized, as follows: (1) The crippled; (2) the deaf and the hard of hearing;

(3) the blind and the partially seeing; (4) the speech defective; (5) children of lowered vitality, suffering from anæmic, pretuberculous, or cardiac difficulties; (6) the mentally retarded; (7) the mentally gifted; (8) children presenting serious behavior problems.

The first five of these groups belong to the general classification of *physically* handicapped children, the next two constitute those who are *mentally* different, and the last group may be considered as *socially* maladjusted. The physical, mental, and social realms are thus all represented among our "exceptional" children. The particular needs of the various groups are, of course, quite different, but each child in any one of these groups offers a serious challenge to the teacher to seek out that which will mean the most for him individually in his educational development.

The second task before the teacher is to recognize the problem which exists in his own classroom.—The mere knowledge that there are exceptional children in the world will not help him unless he can find out for how many he himself is responsible. The teacher who has been assigned to a special class made up wholly of exceptional children is spared this difficulty, for presumably an accurate diagnosis has already been made of each case. But the teacher who must care for normal and exceptional pupils alike in one room has a real problem on his hands. He must know the symptoms of extreme deviation and he must learn to recognize those symptoms in the children before him. Perhaps he will find that one child cannot see the writing on the blackboard, that another is so hard of hearing that he has to be given a front seat and even there he does not always hear what the teacher says; that a third has been failing in his school work year after year; that a fourth is intellectually so keen that it is hard to keep him busy. It is not uncommon to find a group of four—or even more—such children in the same class, each exceptional in his own way and each presenting different needs. Some of them force themselves upon the teacher's attention; others need to be discovered.

Third, the ability to recognize extreme deviations comes only through careful observation and study of the individual child.—Every child is different from every other child and

presents the need for sympathetic, conscientious, intelligent scrutiny. Sometimes this very scrutiny will reveal differences that the teacher had never dreamed of before and will show how very exceptional in one way or another the child really is. Whether in the regular classroom or in a special class the need for child study is the same; for even though a preliminary diagnosis has already been made resulting in the child's assignment to a special class, yet it remains for the teacher to study his abilities and disabilities, his physical and his mental equipment, his personality and his environment. The *whole* child becomes truly educated only when the teacher bends every energy to *know* and to *guide the whole child.*

The fourth responsibility of the teacher is to "apply first aid" to the exceptional children whom he has discovered in his room and whose natures and needs he has made the object of study. However inexperienced or untrained he may be in special education, there are some things which every teacher can do in meeting existing demands of physical, mental, or social deviations if he will but give the requisite time and thought to the problem. Particularly in the rural school is the teacher almost always forced to rely upon his own resources in handling the child who is either far below or above normal in intelligence, who needs some special physical attention, or who is causing a serious disturbance through his antisocial conduct. We may be working toward the organization of special classes in communities of all sizes, but while we are waiting for this objective to be realized the special problems still persist and demand the teacher's attention. His daily contact with the child makes him the logical person to give the greatest amount of help at least in an elementary way. It is he who must be prepared to adapt his methods and materials to the peculiar needs and possibilities of each exceptional child. It is he who must know what to do if he finds one hard-of-hearing child, one child with defective vision, and one seriously retarded child in his class. It is he, too, who must be able to meet the parents,[2] to explain the difficulties that prevail, and to secure for the child the

[2] For help in dealing with parents, teachers are referred to Office of Education Bulletin, 1932, No. 14, Parents' Problems with Exceptional Children.

attention at home which will supplement the provision which the school is able to make.

Fifth, and last, the teacher should know where to seek further aid of a specialized type.—What resources does the community afford in medical or psychological assistance of clinical nature? What agencies exist in the county—in the State—in the Nation—that may be called upon? How can the teacher make contact with these agencies and what may he expect of them? Help that comes from without can bring to the earnest seeker substantial reenforcement. The resources of a whole nation may literally be called upon to help solve the problem of a single child tucked away somewhere in an inconspicuous country school district.

It is to help the teacher carry out this fivefold program in the interests of the exceptional child that this series of publications is being issued. The general nature of the problem has already been stated, with an enumeration of the eight major types of exceptional children with which we are concerned. The remaining steps of the program are considered in successive pamphlets, each of which deals with a particular type of child. How to recognize extreme deviations, how to study the child, how to meet some of the fundamental problems involved in teaching him, and how to secure specialized aid are all discussed in turn. It is hoped that each teacher may find in these pages some tangible values that will answer his questions and that can be applied to the local situation in which he finds himself.

Many teachers, however, will not rest content with this elementary knowledge of "first-aid" principles. Some of them will be seeking further training for more efficient service. Specialized courses which are now being offered in normal schools, colleges, and universities [3] furnish a real opportunity for enlarging one's understanding of exceptional children and increasing one's skill in dealing with them. Many of these courses are given during summer sessions so that no time need be lost during the school year. Here one may study under competent guidance the nature of

[3] See Office of Education Bulletin, 1931, No. 21, Opportunities for the Preparation of Teachers of Exceptional Children. This bulletin may be secured at 5 cents per copy from the Superintendent of Documents, Washington, D.C.

subnormality or genius, the psychology of blindness or deafness or speech defect; the mental hygiene of behavior disorders; the mental background of the child who has a crippled body or other serious physical defect. One may study also the possibilities and the limitations inherent in these conditions, their educational needs, and their methods of treatment. And the goal toward which all such study is directed is that which challenges the teacher every day of his life—the ability to minimize the limitations and to capitalize the capacities of each child for his greatest personal happiness and his greatest service to the community.

PROBLEMS WITH DEAF AND HARD-OF-HEARING CHILDREN

Statistics of 1933 [4] indicate that there are approximately 15,000 children enrolled in State and private residential schools for the deaf. In day schools for deaf and hard-of-hearing children more than 4,000 are receiving instruction. The sum of these two figures approximates 20,000 and represents the total number of pupils reported as being given instruction considered appropriate for those who have hearing defects.

It is estimated that about 300,000 children suffer with hearing defects to such an extent that they should be given special educational attention. When this figure is compared with the number actually receiving special instruction, it is obvious that hundreds and thousands have gone undiscovered or uncared for who are in urgent need of help. The real tragedy of this state of affairs is grasped only when one realizes, on the one hand, how much can be done in the way of prevention of more serious conditions by early medical attention to the milder cases of hearing defect, and, on the other hand, how much early training in speech and speech reading means to the deaf child in acquiring the ability to make normal contacts in a hearing world.

1. WHAT CAN THE TEACHER DO TO AID IN THE PREVENTION OF DEAFNESS AMONG SCHOOL CHILDREN?

Any modern program of general health should include provisions looking toward the conservation of hearing and the prevention of deafness. One of the important factors in the consideration of health precautions is the attempt to eliminate the possibility of any disease of the organs of hearing which may result in hearing loss. Children should be taught the dangers of colds and the proper methods of caring for themselves when infected with colds; they should likewise have impressed upon them the importance of proper

[4] See American Annals of the Deaf, January 1934.

diet and rest as a fortification against disease. We no longer assume that every child must necessarily have the so-called "children's diseases." Rather, it is essential to safeguard children from exposure to communicable diseases which may be a contributing factor to deafness, such as scarlet fever, measles, meningitis, diphtheria, whooping cough, and even common colds. Moreover, too much cannot be said about protecting the ears during illness, for it is so easy through sheer carelessness to permit serious consequences to the ears to follow the disease itself.

If early medical treatment is to be provided as a means of conserving hearing and preventing deafness, then any hearing loss must be detected in its incipient stages. The most important time to apply preventive measures is during the early period of the child's life; therefore, symptoms of deafness, if detected by the teacher or any one else working with the child, should be called to the attention of the parents in order that prompt treatment may be given by a physician or an otologist.

2. WHO IS THE DEAF CHILD?

Terminology often raises vexing questions. Specialists in the education of the deaf have not as yet come to any unanimous agreement with regard to the technical definition of the term, but fortunately educational progress does not need to wait for complete agreement in terminology. Some base the distinction between the "deaf" and the "hard of hearing" on the degree of hearing retained, applying the word "deaf" to those who have for most practical purposes no hearing at all, regardless of when the hearing loss occurred. A subcommittee of the deaf and hard of hearing of the White House Conference on Child Health and Protection, however, submits the following definition:

> The deaf are those who were born either totally deaf or sufficiently deaf to prevent the establishment of speech and natural language; those who became deaf in childhood before language and speech were established; or those who became deaf in childhood so soon after the natural establishment of speech and language that the ability to speak and understand speech and language has been practically lost to them.[5]

[5] White House Conference on Child Health and Protection. Special Education: The Handicapped and the Gifted. New York, The Century Co., 1931. p. 277.

3. WHO IS THE HARD-OF-HEARING CHILD?

Similarly, some apply the term "hard of hearing" to all who have difficulty in hearing but who are not totally or almost totally deaf. On the other hand, the White House Conference states that "the hard of hearing are those who established speech and ability to understand speech and language, and subsequently developed impairment of hearing. These children are sound conscious and have a normal, or almost normal, attitude toward the world of sound in which they live." [5]

It should be noted that the fundamental difference between the "deaf" and the "hard of hearing" is considered by the subcommittee of the White House Conference not so much one of degree of hearing as one of the amount of speech and language established before the onset of the hearing handicap. It is a "difference in educational, psychological, and sociological condition, due to the early and natural acquirement of speech and language by the hard of hearing and their ability to enter more naturally into human intercourse because of this acquisition." [6] It is this distinction which is observed in the treatment given to the subject in the following pages.

4. WHAT SYMPTOMS CHARACTERIZE THE HARD-OF-HEARING CHILD?

Some of the common manifestations of defective hearing are inattention, slow thinking, poor general school progress, imperfect speech, earache, discharging ear, peculiar postures, and mouth breathing. A bewildered, baffled expression often seen on the face of a child may be regarded as a possible indication of defective hearing. Due to hearing difficulty, the child may become sensitive, aloof, suspicious, and resentful in his attitudes. It is true, of course, that defects other than hearing may show some of the same symptoms; in any case they should be traced to their source.

There is frequent connection between hearing defects and school retardation. Some children have been classed as mentally deficient who were later found to appear dull only because of impaired hearing. The teacher should therefore be alert to all symptoms characteristic of children

[5] See note on p. 8.
[6] Ibid., p. 322.

with ear trouble. Early detection, if followed by proper treatment and care, will often prevent total loss of hearing.

5. HOW ARE DEAF AND HARD-OF-HEARING CHILDREN DISCOVERED?

Since a relatively high percentage of children are hard of hearing, the teacher, from his first acquaintance with his pupils, should be on the alert for indications already mentioned that a child's hearing may not be normal. He should be able to detect pupils with more serious defects without the assistance of special examiners. If there are such examiners, he may refer the children to them for confirmation of his observations.

Periodic physical examination of all school children, including examination for defective hearing, is legally required in some but not in all States. Even if required, these examinations are not always effective, either because the law is too general in purpose to reach specific defects or because facilities are inadequate. All children should have a hearing test each year, preferably given by a physician, and in some localities, usually cities, such provision is made. In rural communities preliminary tests must ordinarily be conducted by the teacher if children are not to be wholly neglected in this respect.

When the responsibility of locating hard-of-hearing children falls upon the teacher, i.e., when the services of a specialist are not available, the audiometer may be called into use. Lacking this, the teacher may employ the very simple device of the watch tick or the whisper test. Because of the difficulty in maintaining one's voice always at the same level in the whisper test, the watch tick offers greater possibilities of use to the inexperienced examiner. These tests are more fully discussed in the following section.

6. WHAT PRELIMINARY TESTS CAN BE MADE AS A BASIS OF RECOMMENDATION FOR FURTHER DIAGNOSIS?

The hard-of-hearing child is best located through some type of hearing test. The watch tick, the whisper test, and the audiometer are some of these. With the exception of the audiometer, hearing tests have not been highly standardized. Watches of different makes give off ticks of various de-

grees of loudness, while the whisper test varies with the individual conducting the test. These tests have been in common use for a long time. The No. 4–A Audiometer represents a more modern type of equipment and is now extensively used in conducting hearing surveys.[7]

Watch-tick test.[8]—An Ingersoll watch or any other loudly ticking watch which can be heard by the average ear at a distance of about 4 feet[9] can be used for this purpose. This is, of course, an inexpensive test to administer, but only one child can be tested at a time. For the purposes of the grade teacher it serves very well indeed, for he has ample time for making his tests and he is usually not skilled in using an audiometer.

The child must not see the watch. The test must be given in a quiet room, and any watch not used in the test should be removed from the person of the examiner or the examined. The child stands sidewise in relation to the examiner, with his finger in the ear not being tested. The tester, hiding the watch from the child by a card held at the side of the child's head in front of his ear, places the watch close to the ear and gradually withdraws it horizontally until the child fails to hear. If the stop is at 15 inches, the amount of hearing acuity is 15/48.[9] The examiner then reverses the test; *commencing* at a distance of 48 inches and, bringing the watch slowly toward the child, he stops as soon as the child hears the tick. The average of the two tests is then taken. The test should be repeated to make sure that the child has not allowed his imagination and desire to please to influence his responses as to his capacity for hearing.

The scheme for recording results of the watch-tick test is very simple and if followed proves a satisfactory method of keeping record. The degree of hearing may be expressed in the form of a fraction, the denominator of which corre-

[7] Other audiometers having particular uses will not be discussed here. The No. 2–A Audiometer is an instrument for individual testing suitable for general diagnostic use. The No. 3–A Audiometer of the buzzer type is an electrically equipped instrument, also for individual testing.

[8] With minor changes, this description of the watch-tick test is taken from pages 2 and 3 of Bureau of Education (now Office of Education), School Health Studies No. 13, The hard-of-hearing child.

[9] 4 feet, or 48 inches, is considered the basic or standard distance at which the person of normal hearing hears a watch of this kind tick.

sponds to the number of inches considered as standard for normal hearing, which in this case is 48. The numerator corresponds to the distance at which the tick is heard. If the patient's hearing is normal in both ears he can hear the tick at 48 inches, and the record will be RH 48/48 and LH 48/48.[10] If he hears the tick at a distance of 20 inches in the right ear and does not hear the tick at all in the left, the record will appear, RH 20/48 and LH 0/48. Many persons can hear at a greater distance than 48 inches. Since, however, this test is not one of the degree of hearing acuity which is above average, only 48/48 need be recorded in such cases. A child who cannot hear a 48-inch watch tick at a greater distance than 16 inches is considered hard of hearing to the extent that special attention is necessary.

Whisper test.—Because of the variability in whispers, the results of this test are likely to be much less accurate than those of the watch-tick test. It is described as follows by Dr. S. W. Newmayer, supervisor of school medical inspection in Philadelphia:

> *Whispered voice test.*—The child is placed in a corner of the room away from an open door or window, with his back toward the examiner to prevent his watching the movements of the lips. It is surprising how often a partly deaf child trains itself to interpret what one is saying by watching the lip movements. The child is instructed to repeat every word he hears, and is then requested to close the left ear tightly with the left hand. The examiner, 20 feet distant, in a clear, distinct, low tone, pronounces words for the child to repeat. If properly interpreted, the ear is recorded "normal." If not heard, the examiner walks toward the child speaking as before until he comes near enough to be distinctly heard. The hearing for the ear under examination is recorded, "whispered voice, 5 feet", or whatever the distance may be. The left ear is similarly tested.[11]

Audiometer test.—An audiometer is a mechanical device for measuring hearing loss. One of its most commonly used types is the 4–A audiometer [12] which "consists of a phono-

[10] R=right, L=left, H=hearing. The teacher is reminded that these fractions are not fractions in the arithmetical sense of the word and are not to be interpreted as expressing in percentage the amount of loss of hearing.

[11] Newmayer, S. W. Medical and sanitary inspection of schools; for the health officer, the physician, the nurse, and the teacher. Philadelphia and New York, Lea and Febiger, 1924. p. 273, 274.

[12] Further information regarding the 4–A audiometer and other types of instruments used for the same purpose may be secured through the Volta Bureau for the Deaf, 1537 Thirty-fifth Street NW., Washington, D.C.

graph using special records of simple numbers and having telephonic apparatus such that the numbers on the records are picked up electrically and conveyed to as many as 40 children at one time through telephone receivers." [13] Specially prepared records are used with the instrument and specially prepared data sheets are used by the listeners to record what they hear. Since through the electrical arrangement it is possible to transmit sounds to the listener's ear with a high degree of uniformity, the instrument is well adapted for locating the hard-of-hearing child who should receive a specialist's attention. The total time required for testing a group of 40 children, including the time needed for assembling and dismissal, will vary from 20 to 35 minutes, depending upon the age and school progress of the children concerned. Retests, however, are essential for those showing significant deficiency in their test records, in order to eliminate such factors as noise, inattention, language difficulty, and nervousness as possible causes of failure to hear correctly.

The careful, accurate teacher will have no trouble in following the directions for use of the audiometer, should such an instrument be available in the school system. Before attempting to do so, however, he should have personal instruction from some one who is familiar with the audiometer and with the methods of recording and evaluating results. A standardized instrument always demands standardized procedure, involving strict conformity to the directions laid down by the originators of the device.

7. TO WHOM SHOULD DEAF AND HARD-OF-HEARING CASES BE REPORTED?

Every deaf and seriously hard-of-hearing case should be reported first to the principal or other person in charge of the school, and by him to the parents. If parents can be invited in to observe the hearing reaction of the child, the problem of making them understand the difficulty will be simplified. In any case the approach should be kindly and tactful, for parents are inclined to resent being told that

[13] The Hard-of-hearing Child. Bureau of Education (now Office of Education), School Health Studies no. 13. p. 4.

their child has a hearing defect which they themselves have not discovered. In some cases, they will be indifferent or will not realize the seriousness of the handicap, or they may not be able to meet the cost of expert medical attention. In such instances the matter should be taken care of in another way. These children should receive help from the school until they have been given proper medical attention and educational provisions adjusted to meet the particular needs of each individual. The proper authority to which they should be reported depends largely upon the extent of State and local provision made for medical treatment and education of such children. The State board of health, State department of education, local school authorities, county nurses, social welfare department, or the county superintendent of schools are among the agencies that may carry responsibility in the matter. Cooperation may frequently be secured from local parent-teacher organizations in bringing the problem to the attention of the proper authority. Seriously deaf children should in addition be reported to the superintendent of the State school for the deaf, especially in communities in which no public-school classes are maintained for deaf children.

8. TO WHOM SHOULD WE LOOK FOR TREATMENT OF HARD-OF-HEARING CHILDREN?

The hearing of seriously deaf children in most instances cannot be restored or improved by medical treatment. For these children the benefit which they are to receive must be by means of education. On the other hand, the child who is hard of hearing may often be benefited by medical treatment and is therefore not only an educational problem but a medical one as well.

Expert attention of a specialist should be secured in making the final diagnosis. The medical examiner will probably be able to report the cause and the degree of the deafness and to determine whether or not the handicap is progressive. All of this will have a definite bearing on the educational training and medical care to be provided. It is not always an easy thing to secure the proper attention, because the community may be small and provide no expert service, or the child may live in an isolated area. Every effort should

be made, however, to find a reliable ear clinic to which the child may be taken, or a competent otologist who will diagnose and treat his case.

9. HOW CAN THE TEACHER IN A RURAL COMMUNITY PROCEED TO BRING MEDICAL CARE TO THE CHILD WITH HEARING DEFECTS?

The rural community is usually deprived of not only special educational facilities for the handicapped child, but of medical service as well. These highly specialized services, whether free or with cost, are customarily found only in large population centers. This makes it necessary either to bring the service to the rural child or to take him to the city. Taking the child who lives in an isolated community to a city clinic confronts one with problems of transportation, cost, the necessity of being away from home, and other difficulties which must be taken into consideration. It is possible, however, through the cooperative efforts of the parents, teacher, county health nurse, and social workers to overcome these difficulties, if the parents are sufficiently concerned.

On the whole, it would seem more advantageous to bring the services of a clinic to the community, since in this way many more children could be cared for. Classroom teachers are the persons who come in contact with the largest number of children. Therefore, no one can point out the need and arrange for such service better than they. In some States the State department of education, the State board of health, or other State organization provides the way. Sometimes "traveling clinics" are available, which can be brought to local communities upon request. Several counties or larger areas in which the service of a specialist is not available may join together and arrange for an ear clinic. Some accessible and centrally located place in the district which affords satisfactory facilities should be chosen as the place in which to conduct the clinic. Through the cooperation of interested agencies—service clubs, county health societies, leagues for the hard of hearing, parent-teacher associations, county superintendent of schools, health officers, county nurses, and interested individuals who are usually eager to sponsor such activities—medical service may be brought to the children in any community.

10. WHY PROVIDE SPECIAL EDUCATIONAL FACILITIES FOR DEAF AND HARD-OF-HEARING CHILDREN?

A deaf or hard-of-hearing child who is permitted to sit day after day in the regular classroom without special attention is sure to fail to grasp what is going on. The teacher is not likely to be trained in methods of teaching the deaf and, with a large class, does not have the time to devote to any special study of the problem. It becomes essential then to provide special schools and classes with trained teachers to meet the need, if equal educational opportunities are to be provided for all children and if those with imperfect hearing are to enjoy privileges according to their ability, aptitudes, and potentialities.

Deaf and hard-of-hearing persons have the same right to economic independence, social contacts, and privileges of rendering service as does any hearing person. Opportunities which will enable them to become self-supporting, contributing members of society involve the provision of educational and vocational opportunities which are adapted to their handicaps. Such training will aid them to become economically independent, and at the same time enjoy the privileges and responsibilities of their normal fellows. To make these handicapped individuals self-sustaining, self-respecting citizens instead of maladjusted and warped personalities, burdens on society, or even criminals, is a goal which in itself certainly justifies the special educational facilities necessary for their education.

11. WHAT SPECIAL PROBLEMS PRESENT THEMSELVES IN THE EDUCATION OF DEAF CHILDREN?

As has already been indicated, children who are deficient in hearing are divided into two distinct groups, the differentiation of which is fundamental in determining the type of training suitable for each. Different medical, social, psychological, and educational problems are all involved as we study the respective needs of the deaf, on the one hand, and of the hard of hearing, on the other hand.

The child who is totally or almost totally deaf from birth or infancy, having never heard or established speech, has no speech himself and does not understand language. Hence the common characterization of " deaf and dumb " that one

used to hear about him but which fortunately is becoming an obsolete expression. A deaf child is dumb only because he does not have an opportunity to hear and therefore to imitate the speech going on about him. Therefore he represents an educational problem involving the teaching of speech, language, and lip reading. Lip reading (or speech reading, as it is sometimes called) is the ability to understand spoken words and language by watching the movements of the lips and other facial muscles. This is one of the most important elements involved in the education of deaf persons, since they are powerless to hear the spoken word with their ears.

A deaf person who is uneducated is very different from a normal individual. If he has no speech and cannot read lips, he is very much isolated because he is unable to understand the speech of his fellow men and has no means of communicating his thoughts and ideas to others except by gestures. Such a handicap makes the deaf appear different and even peculiar. Proper education of these handicapped individuals will have a tendency to make them less different and conspicuous. They need to learn to use their voices, to develop a vocabulary, and to learn language, so as to be able to communicate by means of speech. Their whole social and mental lives may be enriched in such a way as to prevent their becoming shut-in, unhappy, socially maladjusted personalities. An education helps to prepare the individual for a fuller, richer, happier life; to equip him to take his place in the economic world; and to compete with normal people in a way that would otherwise be impossible.

Educating the deaf is a very difficult problem; therefore we must begin early. The child has so many things to learn. He has no language as normal children have; he has to learn speech and speech reading in addition to the regular academic school subjects pursued by other children. Much more time is necessary to accomplish all this. Special day-school classes have been organized in many cities providing the type of education deaf children need. In addition, a public residential school for the deaf exists in each of 44 States, while the other 4 States pay tuition for such children in the schools of neighboring States. These schools should not be looked upon as institutions. The old idea of an

institution, as such, is passing. The public and private residential schools, like any other schools, have as their aim the education of deaf children. It is in one of these schools or in a public day class for the deaf in which the deaf child must receive his educational training if he gets it at all.

12. WHAT SPECIAL PROBLEMS PRESENT THEMSELVES IN THE EDUCATION OF HARD-OF-HEARING CHILDREN?

The hard-of-hearing child has a distinct advantage over the deaf child in having some experience with speech and language. If his hearing is only slightly impaired he may pass undetected unless careful examination of all children in the class is made. His special needs are: First, diagnosis as to cause of the condition; second, attention from a competent otologist looking toward a possible remedy of the condition or at least prevention of its growing worse; third (if his hearing cannot be improved or the hearing loss is likely to increase), instruction in lip reading and sometimes in speech correction also. If proper provisions are made for him, such a child can work in a regular grade and be given lip reading by an itinerant teacher who has had training for this type of instruction.

Children whose impairment of hearing is more severe should be given, first, otological attention; second, very careful training in speech, lip reading, and language; third, stimulation of whatever residual hearing they have; and, fourth, vocational guidance which takes into consideration every asset of character they possess and every advantage offered by their partial hearing.

Varying degrees of hearing impairment require teaching techniques which differ according to the amount of hearing loss and the age of the child. The hard-of-hearing child who has established a good command of speech and language before impairment of hearing has set in will obviously have less difficulty in retaining them than the child whose speech and language are not so well established. Young hard-of-hearing children are generally deficient in language accomplishment and may develop voice and speech difficulties, in which case effort must be made to preserve the speech and the quality of the voice.

13. SHOULD HARD-OF-HEARING CHILDREN BE SENT TO A SCHOOL FOR THE DEAF?

The hard-of-hearing child has speech and a vocabulary, can read and converse as a hearing child. If the hard-of-hearing child is to continue to use and understand speech, he should be in an environment which affords opportunities for speaking and using to the fullest capacity all the hearing which he has. Such an environment can be provided in a regular day school for all children rather than in a residential school for the deaf.

However, such a child needs to overcome his handicap, so he should be taught lip reading as an aid in understanding his companions. When special classes for the hard of hearing are established in day schools, or when teachers who give lip reading are provided, the problem is taken care of for the regular teacher. If there are no specially trained teachers, the regular teacher can do much to guide in the mental development, social adjustment, and educational training of the hard-of-hearing child.

14. HOW CAN THE REGULAR CLASSROOM TEACHER AID THE HARD-OF-HEARING CHILD?

In order to minimize the danger of retardation on the part of one or more pupils with impaired hearing who may be found in almost every classroom, favorable conditions for these pupils must be provided. The child should be assigned a front seat on the side of the room near the windows. In order to make it possible for him to follow and read speech while instruction is being given, the light should fall on the face of the teacher in such a way that the child has a full view of it. The teacher should enunciate clearly and distinctly. The best lip reader in the world cannot understand a speaker who mumbles, speaks with rigid jaw, or distorts the motion of his lips.

Without giving undue attention to the child's handicap, the teacher may well insist upon clear enunciation on the part of all the children in the room, thus benefiting not only the handicapped child but the other members of the class as well, whose speech is improved through such practice. The hard-of-hearing child should be permitted to turn around so that he can see the faces of other children when they

talk. He may even be encouraged to undertake a definite study of lip reading. It might be suggested that he practice at home the pronunciation of words with a mirror in order to familiarize himself with their formation as they are spoken. Through sheer force of necessity hard-of-hearing people watch closely the lips of a speaker and sometimes find themselves actually reading the lips without knowing how they do it. Some people, with study and practice, become so proficient in the art that they can carry on a conversation without any difficulty whatever. They are so skillful that persons to whom they are talking may not even suspect their hearing handicap.

The teacher himself should secure some good manual on the method of lip reading [14] and familiarize himself as much as possible with the technique involved. A 6-weeks' summer course would be invaluable. One experienced teacher of the deaf says, "There is no mystery about the art (of lip reading). Information, discretion, and patience on the part of those who are talking, practice on the part of the one talked to—and it develops." [15] The same teacher holds that "it is the steady, incessant, incidental care that counts"; and "that most meticulous care must be exercised to prevent the establishment of queer language (and we might add, of queer voice habits); errors must be corrected and the reasons for them found and cleared up at their very first occurrence." She admonishes us to compare the child "with normal hearing children of his age and to work diligently for continued normal development in him. Queer behavior, jumbled speech, and poor English must not be conceded to him merely because he is deaf."

Most of all the hard-of-hearing child needs the sympathetic understanding of his teacher. The kindly consideration that comes from a recognition of his difficulties, the guiding hand that will help him to lift himself above them and to make himself a part of the social world in which he lives are assets of his educational contacts that are of untold

[14] The names of some of these manuals are given in the "Suggestions for Reading" on p. 28.

[15] Moore, Lucile M. The deafened child. Washington, D.C., Volta Bureau, Reprint No. 416.

worth to his happiness and adjustment. The teacher who has such an attitude will leave no stone unturned to secure the medical attention and special educational assistance that the child may need. But he will not permit his sympathy to become pity nor allow self-pity to take root in the child's own thought. His objective will be to develop a self-reliance and a poise that will make it possible for the child to become an accepted member of a normal group, recognizing but not surrendering to his handicap.

15. WHAT TYPE OF EDUCATIONAL TRAINING BEST FITS THE NEED OF THE HARD-OF-HEARING CHILD WHO HAS PROGRESSIVE DEAFNESS?

Children whose handicap cannot be cured or checked should receive intensive instruction in lip reading, which should be begun as soon as possible after the location of the case. Such training will prepare the child for the gradually approaching deafness by acquainting him with the art of lip reading as a means of understanding his associates. He will thus be prepared to meet his playmates with less embarrassment when he has lost all hearing and will also be better prepared in later life to take his place in a chosen occupation. When progressive deafness begins at a very early age, it will oftentimes be followed by a change in voice. In these cases voice training and speech correction should be introduced at the first indication of such a change.

16. WHAT SHOULD BE DONE FOR DEAF CHILDREN FOR WHOM NO LOCAL PROVISION HAS BEEN MADE?

The deaf child who lives in a community in which no special class has been established for his instruction should be admitted to a residential school for the deaf. Assignments may be made through the State department of education, the State department of health, the State board of control, or more directly through the superintendent of the school for the deaf. The procedure to be followed will depend upon the control of such schools. Steps to be taken in making application for admission vary in different States and information can always be secured through one of the agencies mentioned.

17. HOW CAN THE TEACHER HELP THE PARENTS OF A YOUNG DEAF CHILD?

Of first consideration is the cooperation of parents in securing medical diagnosis and aid for the child. The services of the school nurse and school physician should be available in working toward this end. Parents should be urged to provide or to permit examination and treatment by an ear specialist, either privately or at the nearest ear clinic, in order that whatever physical correction is possible may be made.

The seriously deaf child who is not yet of school age should receive definite training in the home, and teachers should be able to help parents in meeting this problem. Just what should be done depends largely upon the age of the child when the hearing was lost and the amount of speech and language he has developed and retained. Every possible means should be used to make his development go on steadily. Early home training should help to make the child as much like the normal child as possible—happy, self-confident, and resourceful—and should prepare him for entering school. Preparatory to learning speech and lip reading, which will be part of his work upon entering school, the child may be taught to use his eyes quickly and accurately, to concentrate, and to imitate. He should be taught to do things for himself, to dress himself, feed himself, and follow the rules of the household as do other members of the family. Such training will make him self-reliant and independent.

Games which call for attention are very helpful. An early beginning may be made in helping the child understand what people say to him by having him watch the lips as names are pronounced and objects are pointed out. Here lies the beginning of lip reading, and many repetitions are necessary to bring about results. The language which the child has not learned because he cannot hear must be taught through other avenues. Because a child is deaf is no reason for the family either to neglect him or to give him undue liberty or license. The deaf child is often thought incorrigible when his behavior is due to inability to express himself and understand those about him. If the parents

understand the deaf child's difficulties, much can be done to help him without overindulgence on the part of grown-ups or disobedience on the part of the child. Thus his life will be made easier and happier when he enters school.

In every case parents should be helped to understand the needs presented by their own child and to become familiar with the best opportunities provided for his education. Facilities offered in the local school system should of course be utilized so far as these meet the particular problem of the child in question. Where local facilities are not available, parents may be led to appreciate the advantages of the State residential school for the deaf and to give the child the opportunity of receiving instruction there.

18. HOW CAN THE TEACHER HELP THE PARENTS OF A HARD-OF-HEARING CHILD?

As with the deaf child, so with the hard of hearing, the enlistment of parents' cooperation in the proper examination and treatment of the child's physical defect is of first importance. Second to this is the attitude and training accorded him at home. If parents and sisters and brothers would supplement the kindly, understanding treatment extended to the handicapped pupil by the teacher at school and if all teachers would give the consideration needed in class, there would be fewer heartaches and less unhappiness for the hard-of-hearing child as he grows up. An insistence upon distinct enunciation by every member of the family, a patient repetition of what has been said until the child understands, a program of home activities that will draw out his interest and capacities, and an encouragement of his attempts to read lips—these are the elements that should take the place of what one so frequently finds among the members of the family group. It is so easy to grow impatient over failure to hear, unconsciously to ostracize the handicapped child from many of the family activities, and even, on the part of the younger members of the group, to resort to teasing and ridicule. There is nothing that will more surely make a social failure out of the child than treatment of this kind, and the teacher can do much to help parents appreciate this fact.

19. FOR WHICH OCCUPATIONS CAN DEAF AND HARD-OF-HEARING CHILDREN BE EDUCATED?

Many people have the erroneous idea that because a child is deaf or hard of hearing he is destined to live a life of unemployment or that if employed at all he will never be able to rise above the lower grades of service or beyond a very limited group of occupations. Nothing can be further from the truth. It cannot be denied that any physical handicap may be a hindrance, but neither can it be denied that many persons so handicapped have achieved satisfaction and even distinction in their chosen vocations. It is not unusual for deaf or hard-of-hearing children to complete satisfactorily a high-school or even a college course. Especially if proficiency in lip reading has been attained and speech has been established to a fair degree, does the intelligent deaf student find some types of academic and professional achievement quite within the realm of his possibilities. A girl who began to lose her hearing at the age of 13 and whose hearing loss grew progressively worse nevertheless continued her commercial course in high school, graduated with honors, and became a most efficient office assistant. A boy who lost his hearing in early childhood persisted in his education until he was awarded the degree of doctor of philosophy and excelled in chemical research.

Individual capacities, to be sure, differ among the deaf and hard of hearing just as they do among hearing persons. Not all can be proficient in office work or in research activities; but there are myriad occupations from which choice can be made. In a study made of the vocations of the graduates and ex-students of Gallaudet College,[16] one finds a large variety of workers represented, among them being the following: Teachers of the deaf, printers, clerks, farmers, machine operators, chemists, photographers, draftsmen, library workers, shoemakers, painters, tie builders, seamstresses, cabinetmakers, and janitors. The entire list, too long to give here, shows that hearing loss is by no means an insurmountable obstacle in realizing vocational success.

[16] Gallaudet College, Washington, D.C., is an institution of collegiate rank for the deaf.

Among the criteria which may be considered of vital importance in considering the choice of an occupation for a deaf or hard-of-hearing person are three which should be given careful consideration by all who have anything to do with the education of the deaf. The first is, as for all persons, interest and ability in performing the processes involved in the occupation. Vocational guidance always includes a study of individual aptitudes. A second essential for vocational success of the deaf is a sufficient command of language to insure the possibility of communication with associates; and a third is the absence of hazards which would endanger the safety of a person who has lost his hearing. If we build upon each of these essentials, we shall go a long way toward preparing the deaf or hard-of-hearing child for a type of work in which he can engage successfully.[17]

20. WHAT LOCAL AND STATE AGENCIES CAN BE CALLED UPON TO AID THE DEAF OR HARD-OF-HEARING CHILD?

Local resources should always be used to the limit of their possibilities before going beyond them for help. Some of these have already been mentioned. City and county health directors, visiting or school nurses, community clinics, city or county health centers, social workers all offer cooperative service which is at the disposal of the deaf child in need. In addition to these publicly supported agencies, there are in many localities service clubs, local parent-teacher organizations,[18] leagues for the hard of hearing, social agencies, and sometimes private physicians whose aid can be enlisted in securing necessary medical, social, and educational attention.

Beyond the local community there are State agencies that should be an important source of help to the teacher wher-

[17] As this pamphlet goes to press a comprehensive survey is being made by the Office of Education of the types of work for which deaf and hard-of-hearing persons can be most successfully trained.

[18] Both local and State parent-teacher organizations in many localities have recently begun to carry on active programs in the interests of exceptional children. In each of 22 States a State chairman has been appointed for this work.

ever they exist. There is a wide variation among the States in the scope of provisions made for exceptional children. In some there are numerous organizations at work to care for the physical, mental, and social problems; in others it has been found very difficult to establish even the most meager program. However, teachers should keep in mind, first, that there is in *every* State a State department of education or of public instruction to which appeal may be made for special educational facilities; second, that there is in *every* State also a State board of health from which information and help may be secured for physically handicapped children; third, that there is in *every* State a State board of control, State board of welfare, State board of charities, State board of public institutions, or similarly functioning body which usually administers all types of State institutions for serious deviates and from which information regarding admission to such schools may be secured; fourth, that superintendents of State residential schools for the deaf will be helpful in response to personal requests for information or advice; and, fifth, that there is in every State except Delaware, Kansas, and Vermont, a State rehabilitation bureau [19] furnishing service in occupational training to all physically handicapped persons who are of employable age.

In addition to these agencies which are found in every or in almost every State, there is in each of 14 States a division within the State department of education which has as its special functions the care and education of exceptional children, including the deaf and hard of hearing. These States are: Alabama, California, Connecticut, Delaware, Kentucky, Maryland, Massachusetts, Michigan, Minnesota, New York, Ohio, Pennsylvania, Wisconsin, and Wyoming. The teacher who lives in any one of these States should call upon his State supervisor or director for all the help that can be given. Teachers who live in other States can substantially help the cause of deaf and hard-of-hearing children by arousing parent-teacher associations and other organizations to the importance of the problem and by working persistently to the day when the State and community will provide the help that they need.

[19] This bureau can be reached through the State department of education.

21. WHAT NATIONAL ORGANIZATIONS ARE INTERESTED IN DEAF AND HARD-OF-HEARING CHILDREN?

There are a number of organizations which operate on a national scale for publication and service in the field of education of the deaf and hard of hearing. The Conference of Executives of American Schools for the Deaf and the Convention of American Instructors of the Deaf [20] represent primarily the residential schools of the country. They hold biennial conferences and issue a bimonthly publication (except during the summer months) as their official organ.

The Society of Progressive Oral Advocates [21] stands for what its name expresses, namely, a promotion of progressive procedures in using the oral method of teaching speech to the deaf. In the National Education Association [22] there is a department of lip reading which sponsors the movement of helping adults as well as children to become proficient lip readers.

Finally, two organizations which share the same headquarters address [23] are the American Association to Promote the Teaching of Speech to the Deaf and the American Federation of Organizations for the Hard of Hearing. These organizations carry on extensive service activities, and furnish much helpful literature and reference material to inquirers either free or at nominal cost. Advisory service is also available through their representatives.

Aside from these specialized organizations, devoted exclusively to the interests of the deaf and hard of hearing, are other agencies working on a Nation-wide basis which include among their activities service for this group of children. Among these are the following:

National Congress of Parents and Teachers,[24] 1201 Sixteenth Street NW., Washington, D.C.

American Child Health Association, 50 West Fiftieth Street, New York City.

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[20] These organizations do not have an official headquarters address, but can be reached through the editor of their publication, Mr. Irving S. Fusfield, Kendall Green, Washington, D.C.

[21] The president of this society is Dr. Max A. Goldstein, director of Central Institute for the Deaf, St. Louis, Mo.

[22] Headquarters at 1201 Sixteenth Street NW., Washington, D.C.

[23] At 1537 Thirty-fifth Street NW., Washington, D.C.

[24] A national chairman for exceptional children represents this organization in its service for the deaf and hard of hearing, as well as other types of exceptional children.

United States Department of the Interior, Office of Education, Washington, D.C.

International Council for Exceptional Children.[25]

National Education Association, Department of Special Education.[25]

SUGGESTIONS FOR READING

AMERICAN FEDERATION OF ORGANIZATIONS FOR THE HARD OF HEARING. The hard-of-hearing child. Washington, Government Printing Office, 1927. 14 p. (United States Bureau of Education. School Health Studies, No. 13.)

An outline of methods for testing public-school children to detect hearing defects, with suggestions for medical and educational treatment.

ANDREWS, HARRIET U. The diary of a deaf child's mother. Washington, D.C., The Volta Bureau. Reprint no. 333. 28 p.

An interestingly written account of a mother's efforts in laying the foundation of education for her baby boy who was born deaf. Most suggestive to teachers both for their own use and for their work with parents.

BRUHN, MARTHA E. Elementary lessons in lip reading. Lynn, Mass., Nichols Press, 1927. 239 p.

A simple textbook, with material for practice in public-school classes.

DELAND, FRED. The story of lip reading. Washington, D.C., The Volta Bureau, 1931. 232 p.

A popularly written history of the development of lip-reading instruction from the earliest records to the present time. Includes comprehensive bibliographies.

ROCHELEAU, CORINNE, *and* MACK, REBECCA. Those in the dark silence. Washington, D.C., The Volta Bureau, 1930. 169 p.

A study of the deaf-blind, representing the concentrated efforts of two investigators over a period of 5 years and dealing with more than 600 cases. A challenge to provide educational opportunities commensurate with their needs.

STOWELL, AGNES; SAMUELSON, ESTELLE; *and* LEHMAN, ANN. Lip reading for the deafened child. New York, The Macmillan Co., 1928. 186 p.

Presents briefly the problems involved in recognizing a hearing impairment, in preventing deafness, and in giving adequate vocational direction. The major portion of the book is given to the discussion of methods of teaching and to exercises used for the development of lip reading.

THOMPSON, HELEN. An experimental study of the beginning reading of deafmutes. New York, Teachers College, Columbia University, 1927. 83 p. (Teachers College. Contributions to education no. 254.)

A report of an experiment in silent reading conducted among the children in the first two grades in the institution for the improved instruction of deafmutes.

[25] This organization has not as yet established a service bureau. It holds an annual conference dealing with the problems of all types of exceptional children.

WHILDIN, OLIVE A., *and* SCALLY, M. AGATHA. The newer method in speech reading for the hard-of-hearing child. Aberdeen, Md., Hartford Printing and Publishing Co., 1929. 148 p.

A book of lessons designed to "fulfill the twofold purpose of teaching the hard-of-hearing child to read the lips and of adding to his organized knowledge without sacrifice of interest or loss of time." Includes suggestions for motivation charts and devices to be used with each lesson.

WRIGHT, JOHN DUTTON. A handbook of practical auricular training for the use of schools for the deaf. New York, The Wright Oral School, 1928. 65 p.

Gives suggestions and exercises suited for teaching the child with residual hearing. Emphasizes the importance of presenting all new language to both ear and eye.

——— The little deaf child; a book for parents. New York, The Wright Oral School, 1928. 161 p.

Gives practical suggestions to parents for the early training of the deaf child. Includes speech exercises which can be used at home.

——— Speech teaching to the deaf; a practical handbook. New York, The Wright Oral School, 1928. 131 p.

"The greater part of this little handbook consists of matter prepared for and included in my book for the parents of young deaf children—The Little Deaf Child; A Book for Parents." Nontechnical presentation of material that would be helpful to teachers as well as parents.

PERIODICALS DEVOTED TO THE INTERESTS OF THE DEAF AND HARD OF HEARING

AMERICAN ANNALS OF THE DEAF.—Kendall Green, Washington, D.C. Bimonthly during school year.

The organ of the Conference of Executives of American Schools for the Deaf and the Convention of American Instructors of the Deaf. Devoted to the problems of the education of deaf children.

THE FEDERATION NEWS.—1537 Thirty-fifth Street NW., Washington, D.C. Monthly.

Organ of the American Federation of Organizations for the Hard of Hearing. Gives news items of the various local leagues for the hard of hearing and of the national organization, with some attention to educational problems.

VOLTA REVIEW.—1537 Thirty-fifth Street NW., Washington, D.C. Monthly.

Organ of the American Association to Promote the Teaching of Speech to the Deaf and of the American Federation of Organizations for the Hard of Hearing. Devoted to a practical consideration of problems of the deaf and hard of hearing and adequate methods of meeting them. For parents, educators, and friends of these handicapped groups.

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